

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90070 050 ***150.00

DOCUMENT # P05044

1. Corporation Name

FOLKSAMERICA REINSURANCE COMPANY

Principal Place of Business

ONE LIBERTY PLAZA
19TH FLOOR
NEW YORK NY 10006

Mailing Address

ONE LIBERTY PLAZA
19TH FLOOR
NEW YORK NY 10006

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1985

4. FEI Number

13-2997499

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

KROLL, POMERANTZ & CAMERON
ATTN: ROBERT A. FREYER
3250 MARY STREET
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FASS, STEVEN E.
STREET ADDRESS 1 LIBERTY PLAZA, 19TH FLOOR
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE VD
NAME MCGOLDRICK, ROBERT F.
STREET ADDRESS 1 LIBERTY PLAZA, 19TH FLOOR
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE C
NAME HENRIKSSON, ANDERS
STREET ADDRESS BOHUSGATEN 14
CITY-ST-ZIP STOCKHOLM, SWEDEN ☒ DELETE

TITLE P
NAME TYBURSKI, MICHAEL E
STREET ADDRESS 1 LIBERTY PLAZA, 19TH FLOOR
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE VDS
NAME EMEIGH, DONALD A.
STREET ADDRESS 1 LIBERTY PLAZA, 19TH FLOOR
CITY-ST-ZIP NEW YORK NY 10006 ☐ DELETE

TITLE V
NAME TRACE, WARREN J.
STREET ADDRESS 1 LIBERTY PLAZA, 19TH FLOOR
CITY-ST-ZIP NEW YORK NY ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CP
1.2 NAME FASS, STEVEN E.
1.3 STREET ADDRESS 1 LIBERTY PLAZA, 19TH FLOOR
1.4 CITY-ST-ZIP NEW YORK, NY ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE VD
3.2 NAME DELL, HELEN
3.3 STREET ADDRESS 1 LIBERTY PLAZA, 19TH FLOOR
3.4 CITY-ST-ZIP NEW YORK, NY ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert A. Freyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 11, 1999

Date

(212) 312-2505

Daytime Phone #

CR2E034 (1/98)